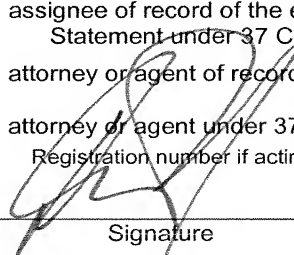


|   |                                  |   |                         |
|---|----------------------------------|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                                  | Docket Number (Optional)<br>06005/39970     |                         |
| Application Number      10/790,524-Conf. #2733  |                                  | Filed      March 1, 2004                    |                         |
| For      LOCKING MECHANISM FOR A THREADED CONNECTION  |                                  |   |                         |
| Art Unit      3679  |                                  | Examiner      E. Garcia                     |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |   |                         |
|   |                                  | <u>Fee</u>                                  | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))    | \$120                                       | \$60      \$ 120.00     |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$450                                       | \$225      \$           |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1020                                      | \$510      \$           |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1590                                      | \$795      \$           |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2160                                      | \$1080      \$          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |   |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |   |                         |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |   |                         |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |   |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      13-2855      .  |                                  |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |   |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number      39,811  |                                  |   |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34  |                                  |   |                         |
| <br>_____<br>Signature   |                                  | May 17, 2007<br>_____<br>Date               |                         |
| David C. Read<br>_____<br>Typed or printed name   |                                  | (312) 474-6300<br>_____<br>Telephone Number |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                                  |   |                         |
| <input type="checkbox"/> Total of      1      form is submitted.  |                                  |   |                         |